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City Engineer

Office of The City Engineer  
Department of Public Works  
Bureau of Engineering and Code Enforcement

Lou Rosamilia  
Mayor

## DEMOLITION REQUIREMENTS

### PERMIT REQUIRED:

-If structure is over 100 SQUARE FEET

### PERMIT NOT REQUIRED:

-If structure is NOT OVER 100 SQUARE FEET

-Porch or Deck Removal

### PERMIT REVIEW FOR DETERMINATION

-If demolition is to be done to a portion of an existing structure

### PRE-PERMIT REQUIREMENTS:

#### -Required Signoffs

1. Asbestos Survey MUST BE LICENSED
2. Asbestos Abatement, if required MUST BE LICENSED
3. **-No Permit will be Required for Abatement**
4. National Grid, Gas and Electric Shut Off Contact:
5. Sue Bonnie 518-270-3434 or 3432.
6. Department of Utilities, Water Shut Off: 518-237-0319
7. Rodent Infestation Inspection: Health Department – GEORGE BEERLE 518-270-2670, or Licensed Rodent Inspector.
8. Post Demolition Agreement (Code Enforcement office will provide form):  
If NO PLANNING AND ZONING REVIEW IS REQUIRED.
9. Contractor will need to provide Liability Insurance and Workman's Compensation Forms. **See Attached Insurance Requirements**

-Size of Building at Grade (Foot Print) Length x Width = \_\_\_\_\_SF

## **FEES FOR DEMOLITION PERMITS**

UP TO 500 SQUARE FEET	\$75.00
501 TO 1000 SQUARE FEET	\$150.00
1001 TO 2000 SQAURE FEET	\$300.00
2001 TO 3000 SQUARE FEET	\$425.00
3001 SQUARE FEET AND UP	\$750.00

### **DEMOLITION PROCEDURE:**

1. The person, who chooses to demolish a building in the City of Troy, will first need to fill out an application for demolition.
2. Then said applicant will be required to produce the required sign offs.
3. If all sign offs are completed and the post demolition agreement is approved, the building or structure will then be posted by a member of Code Enforcement.
4. This posting is to allow for public comments.
5. This posting will be for a period of not less then 14 days, at which time if no concerns are required to be addressed, the applicant may pick up the demolition permit at the Bureau of Code Enforcement Office.
6. Before demolition is allowed to commence the Bureau of Code Enforcement is to be notified and an inspection will be conducted.
7. The inspector will look for proper erection of barricades, removal of glass, electric service, phone wires, cable wires, water meter, gas meter, also water and gas shut off, sewer plugged and cellar floor broken up.
8. If inspection shows sufficient proof of required pre-demolition terminations completed, then at this time demolition may begin.
9. Upon completion of demolition of the structure, the Bureau of Code Enforcement is to be notified and an inspection will be made.
10. The foundation is to be removed 24” below grade
11. All debris and organic material is to be removed from site.
12. At this time the site can be graded and seeded, only clean fill is to be used for backfilling of site.
13. If an approved structure is to be put on site, once permit is acquired from the Bureau of Code Enforcement for the new structure, construction may begin.

For further instructions please contact the Bureau of Code Enforcement at 518-270-4646.

**POST DEMOLITION PLAN STATEMENT OF AGREEMENT MADE AS A  
CONDITION FOR RECEIVING A DEMOLITION PERMIT IN THE CITY  
OF TROY, NEW YORK. (WHEN THERE ARE NO PLANS FOR THE  
AFTER DEMOLITION)**

Owner of Property \_\_\_\_\_

Address of Property \_\_\_\_\_

Description of Property \_\_\_\_\_

Applicant shall submit a SITE PLAN for the site as (applicant) expects the lot to appear after the structure(s) are demolished. In addition to the site plan, applicant must furnish (at least four) photographs of the existing conditions at the site. (Preferably of the four corners of the property)

The plan shall address such issues as controlling erosion and drainage from the lot, presenting a reasonable appearance for the lot, discouraging illegal dumping and parking on the lot, etc.

Every plan shall be filed with the Bureau of Code Enforcement. After submission (of the site plan) Code Enforcement staff shall review the site plan, as submitted, to determine if the submitted plan identifies and mitigates any adverse effects the site, as it would exist after the demolition, would have on the adjoining property owners and surrounding neighborhood.

Included with the site plan (to be submitted by the applicant,) the following checklist of items MUST BE addressed by the applicant.

All Utilities disconnected  yes  no  
 Gas terminated inside residence  in street  
Water terminated on \_\_\_\_\_ location \_\_\_\_\_  
Sewer terminated on \_\_\_\_\_ location \_\_\_\_\_  
Electric terminated on \_\_\_\_\_  
Cable TV, telephone etc. terminated on \_\_\_\_\_

Any street, alley or sidewalk patches MUST MATCH adjacent areas  N/A  Complete

Anticipated starting date (for demolition work) \_\_\_\_\_ Completion date \_\_\_\_\_

Foundation to be removed 24" below grade ok?  YES

Type of backfill to be used? \_\_\_\_\_ Combustible debris to be removed from site.  YES  
Topsoil to cover entire lot for a depth of \_\_\_\_\_ inches. Responsible for placement of topsoil. \_\_\_\_\_  
Proposed completion date (Topsoil) \_\_\_\_\_ Proposed completion date (seeding/fertilizing) \_\_\_\_\_  
Method of fertilizing and seeding? \_\_\_\_\_

Trees and/or shrubs to remain \_\_\_ YES or to be removed? \_\_\_ YES \_\_\_ none of site

Steps and other encroachment in City Right-of-Way? \_\_\_ YES \_\_\_ NO

If YES, who will remove and patch to match adjacent areas? \_\_\_\_\_

Installation of new sidewalks and /or curbing PROPOSED? \_\_\_ YES \_\_\_ NO

Is a curb cut proposed for a new driveway? \_\_\_ YES \_\_\_ NO

Will the lot be used for parking purposes? \_\_\_ YES \_\_\_ NO

NOTE: Paving IS REQUIRED for off-street parking and MUST meet City Engineering specifications.

Anticipated completion of grading/ seeding? \_\_\_\_\_ Installation of new fencing \_\_\_\_\_

Anticipated completion date of any misc. site work (i.e. retaining wall, common wall repair) \_\_\_\_\_

Identify method of repairing retaining wall \_\_\_\_\_

Will fencing be installed \_\_\_ YES \_\_\_ NO if YES, by who? \_\_\_\_\_ Date: \_\_\_\_\_

Indicate details on site plan. NOTE: Fence Installation must meet manufacturer's specifications.

Elevation plan for retaining wall restoration \_\_\_\_\_ (details attached)

Who will be responsible for retaining wall repairs? \_\_\_ Contractor \_\_\_ Owner

The applicant MUST fill out the check list of appropriate site plan items outlined on this form. Once submitted, Code Enforcement personnel will review all of the information submitted and determine if the applicant meets all of the requirements of the Pre-demolition plans review.

In the course of conducting this review (Planning Department staff) shall give mail notice to the adjoining property owners and POST NOTICES ON THE SITE.

The mail notice is designed to give the adjoining property owners a fair opportunity to identify problems that they think will arise because the structure(s) will no longer exist on the lot.

SITE PLAN REVIEWED AND APPROVED BY CODE ENFORCEMENT STAFF ON \_\_\_\_\_

Approved by \_\_\_\_\_ Date : \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to conform to all site plan items outlined on the site plan and attached checklist form submitted (BY ME) and approved by the B.C.E.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

IF THE APPLICANT DOES NOT ACCEPT THE DETERMINATION OF THE DIRECTOR OF THE BUREAU OF CODE ENFORCEMENT (OR HIS DESIGNEE), THEN THE APPLICANT SHALL HAVE THE RIGHT TO HAVE HIS SITE PLAN REVIEWED BY THE CITY PLANNING COMMISSION. Every person, firm or corporation who shall fail to follow a plan approved pursuant to this section shall be guilty of a violation.

## Insurance Requirements

*Liability, Workers Compensation & Disability Packet (as of Nov 29, 2005)  
The City of Troy, New York*

Please read this entire form and determine which forms apply to you. Contractors must provide proof of general liability coverage, workers compensation coverage and disability benefits coverage. If you are a homeowner please see the special section below, which may apply to you.

These properly completed forms must be ready at the time of permit issuance. If you do not have all required forms ready at the time of permit issuance please contact Nora Decker at 270-4646 and provide her with all required forms so she can enter them into our Cityview permit issuance software. Please allow the necessary time for the forms to be entered into the computer system.

### **General Liability Coverage**

Required form -Standard Liability Accord Form

Note: In the box entitled 'Description of Operations/Locations/Vehicles...' it must state that "The City of Troy, NY is additionally insured".  
If the City of Troy, NY is certificate holder, the box may state "The Certificate Holder is additionally insured".  
Minimum coverage is \$300,000.00

**Workman's Compensation Forms** (Accord Forms are not acceptable proof of WC coverage)

*Workers Compensation Local District Office Location:*

**100 Broadway- Menands**

*Albany, NY 12241*

*(866) 750-5157*

*(518)473-9166fax*

Must provide one of the following forms:

-WC/DB-100 In State, Entities with no employees.

-WC/DB-101 Out of State or Foreign, exempt from NYS coverage requirements.

Note: Affidavits must be stamped as received by the NYS Workers' Compensation Board. Forms WC/DB-100 and WC/DB-101 are available on the Board's website [www.wcb.state.ny.us](http://www.wcb.state.ny.us) under the heading "Common Forms Online". You may also call the Albany district at (518) 486-3349.

-C105.2 Certificate of Workers' Compensation Insurance.

Note: The State Insurance Fund provides it's own version of this form, the U-26.3.

-SI-12 Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self Insurance Office at 518-402-0247), or GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).



No. \_\_\_\_\_

**Department of Public Utilities**  
**25 Water Plant Road**  
**Troy, New York 12182**  
**(518)237-0319**  
**FAX: (518)233-7038**

**REQUEST FOR**  
**TERMINATION OF WATER/SEWER**

Date \_\_\_\_\_

Location \_\_\_\_\_ Owner \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

Demolition Requested By: \_\_\_\_\_ Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Address \_\_\_\_\_  
Street City State Zip

Demolition Scheduled: \_\_\_\_\_ Immediately \_\_\_\_\_ Other \_\_\_\_\_

Applicant \_\_\_\_\_ (Signature)

\_\_\_\_\_  
(Print Name)

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**Public Utilities Use Only**

Water Shut Off \_\_\_\_\_  
(date)

Sewer Plugged \_\_\_\_\_  
(date)

Service Terminated By \_\_\_\_\_  
(date)

Approved for Demolition By \_\_\_\_\_  
(date)

(Following the approval, please fax a copy of this request to Bureau of Code Enforcement: Fax# 270-4642)